A C U T U S M E D I C A L

Guided Ablation Therapy for Cardiac Arrhythmias



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- This presentation concerns anticipated products that are or are expected to be under clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). No representation is made as to these products' safety or effectiveness for the purposes for which it is being or will be investigated.

A C U T U S Investment Highlights

Pure-play electrophysiology company / Comprehensive, differentiated portfolio

Global presence via marketing alliance with Biotronik

Large, growing and underpenetrated market

Established and attractive reimbursement

Robust patent portfolio

Paradigm-shifting ablation guidance technology, future in electroporation

Efficient commercial model and access to labs

Highly experienced management team

ACUTUS

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A C U T U S Global Electrophysiology ("EP") Ablation Market



~\$5.7 Billion

~1.1 million ablation procedures Global 2019 EP ablation supplies market ^{(1) (2)} ~13%

Annual growth rate of ablation procedures worldwide since 2016 ⁽¹⁾



Key drivers of the arrhythmia epidemic



Progressive disease, function of aging



Western lifestyle



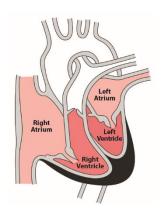




Well established reimbursement in developed markets

(1) Based on internal Company estimate(2) Market size reflects disposable products

A C U T U S Global Electrophysiology ("EP") Ablation Market



Normal Sinus Rhythm

-	2019 prevalence ⁽¹⁾	procedures in 2019 ⁽¹⁾	2019 market size ⁽¹⁾⁽²⁾	Current market challenges
Atrial Fibrillation (AF)	30.0mm	475,000	\$3.4bn	 Difficult to map Long and unpredictable procedures (2-6hrs) Patients often need a repeat procedure
Supraventricular Tachycardias (SVTs) Atrial Flutter	17.1 mm	516,000	\$1.7bn	 Often unable to locate the source of arrhythmia Current technologies cannot address 40-60% of SVT patients who also have AF ⁽¹⁾
Ventricular Tachycardias (VT) Ventricular Tachycardia	5.5mm	90,000	\$0.6bn	 Unstable and aggravated by contact with the ventricular wall Long and unpredictable procedures (2-6hrs)
	~52.6mm	~1,081,000	~\$5.7bn	

Number of

Attractive ~\$5.7bn market for electrophysiology products that has grown ~13% annually since 2016 ^{(1) (2)}

A C U T U SEfficient, Effective Treatment of Complex Arrhythmias Remains Elusive
Persistent Atrial Fibrillation Example

Lack of Progress, Standardization

- No real improvement in outcomes for decades (Persistent AF)⁽¹⁾
- No agreement on best ablation strategies
- Industry still looking for answers

Patients

- High therapy failure rates
- ~50% of ablations for Persistent AF result in recurrence within 12 months ⁽²⁾

Providers

- Antiquated platforms not able to diagnose unstable arrhythmias
- Long procedures with unpredictable durations
- Physical toll on physicians

Payors

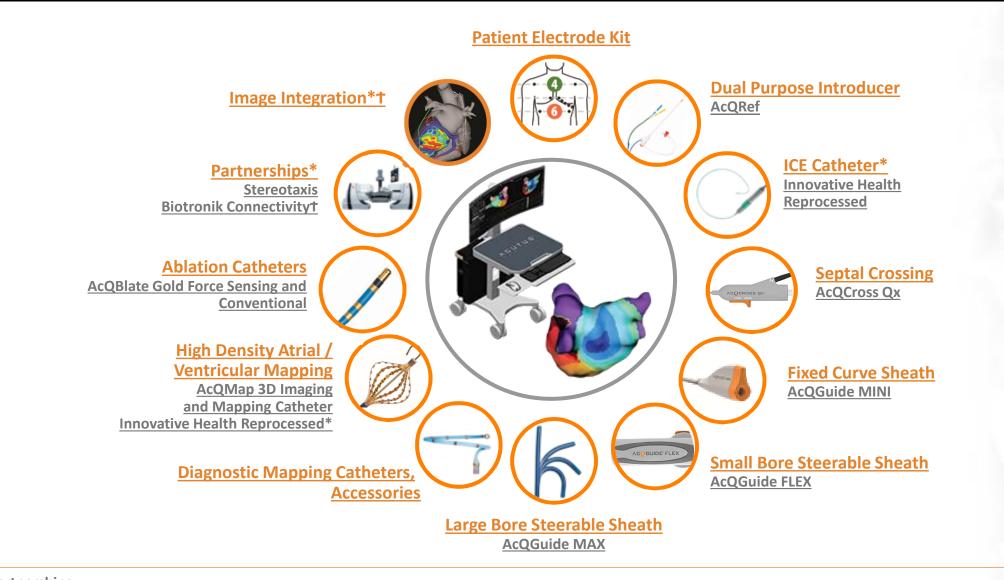
- High cost of retreatment procedures
- High cost of hospitalization from complications
- Drug therapy → low success rates and increased risk of adverse side effects ⁽¹⁾

(1) Based on internal Company estimates (2) Kornej et al. Time-dependent prediction of arrhythmia recurrences during long-term follow-up in patients undergoing catheter ablation of atrial fibrillation: The Leipzig Heart Center AF

Ablation Registry. Published online www.nature.com/scientificreports.



A C U T U SOur Vision – Lead the Field of Guided Ablation Therapy for Cardiac ArrhythmiasM E D L C A LComprehensive Suite of Highly Differentiated Products for EP

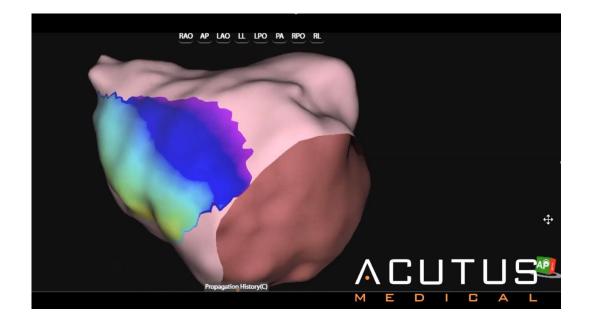


* Partnerships † Development, not currently marketed

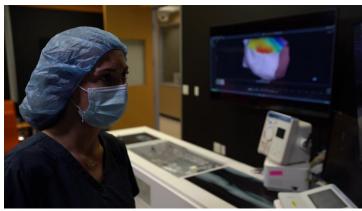
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ACUTUS Acutus' Guided Ablation Therapy Platform D

Whole Heart Chamber Mapping in Under 3 Minutes C A L







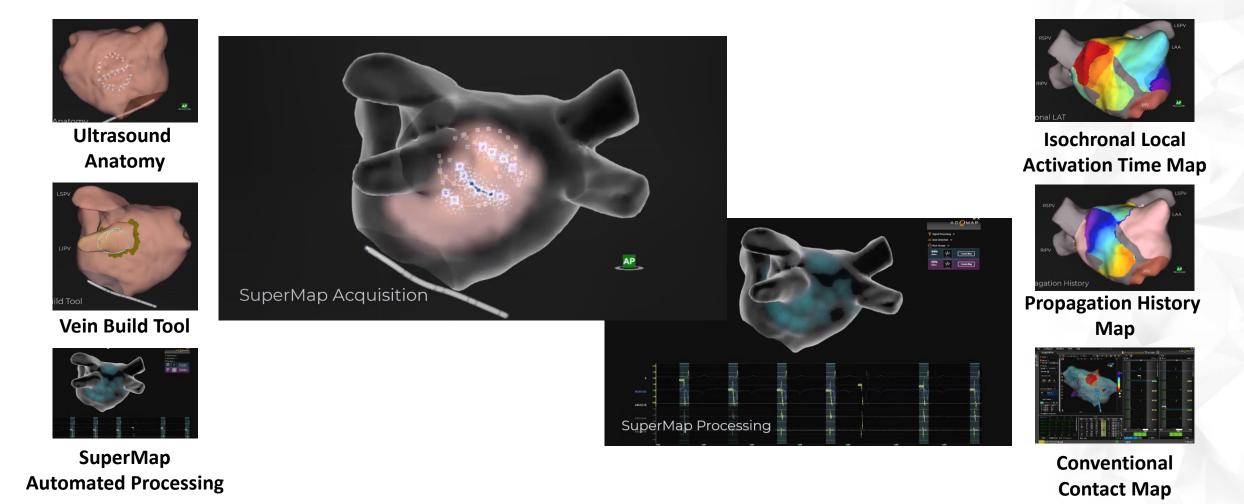


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A C U T U SWhole-Chamber Views of Complex Rhythms in Under 3 MinutesM E D I G A LWhole-Chamber Views of Complex Rhythms in Under 3 MinutesFull Function System -- Individualized for Physicians and Patients



Why Is the Market Less Than 5% Penetrated?⁽¹⁾ ACUTUS DICAL

How and Where Acutus Can Add Value / Solve Problems

		High Benefit	Significant E	Benefit B	enefit		
		Atrial Fibrillation		Supr			
Impediments To Penetration	Paroxysmal Afib	Persistent Afib	Long Standing Persistent Afib	Atypical Flutter	Complex Tachycardia	Other Atrial Arrhythmias	Ventricular Tachycardia (Research) ⁽²⁾
	~23%	~15%	~6%		— Remaining ~489	%	~8%
Long Procedures							
Procedures of Unpredictable Duration							
Poor Outcomes at Ablation							
Extreme MD Skill Required							
General Cardiologists Reluctant to Refer							

Percentages above based on company estimates of ~1,081k WW electrophysiology procedures in 2019 including 475k atrial fibrillation procedures (of which 53% were for paroxysmal atrial fibrillation, 33% were for persistent atrial fibrillation and 14% were for long-standing persistent atrial fibrillation), 516k SVT procedures and 90k VT procedures

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ACUTUS ACUTUS ACUTUS Comparative Outcomes for Persistent AF* Meaningful Clinical Improvement vs. Stagnant Standard of Care

Variable	Acutus UNCOVER AF 12M ^[1] N = 127	Biosense PRECEPT 15M ^[2] N = 381	AtriCure CONVERGE Endo Only 12M ^[3] N=51	AtriCure CONVERGE Convergent 12M ^[3] N = 102	Abbott STAR AF II PVI 12M ^[4] N = 61	Abbott STAR AF II PVI + CFAE 12M N = 244	Abbott STAR AF II PVI + Lines 12M N = 244
ai	rculation: Arrhythm nd Electrophysiolog						
Patient Population	Persistent AF	Persistent AF		ong-Standing ent AF		Persistent AF	
Re-ablation allowed in "blanking period"	None	3 - 6 Months	None	None	3 Months	3 Months	3 Months
Freedom from AF > 30 s after one procedure , with or without AAD	73%	NR	51%	71%	61%	54%	50%
Freedom from AF > 30 s after multiple procedures , with or without AAD*	93%	NR	NR	NR	79%	70%	70%
Freedom from AF/AT/AFL > 30 s after one procedure , with or without AAD	69.2%	61.7%	49%	65.7%	52%	48%	44%

UNCOVER AF (AcQMap): We believe fundamentally different mapping approach & therapy strategy (non-contact mapping & map/treat/re-map strategy) leads to improved success rates

1: Willems et al; Charge Density Mapping for Atrial Fibrillation: Circ Arrhythm Electrophysiol. 2019;12:e007233.

- 3: De Lurgio D et. al; Hybrid Convergent Procedure: Epicardial and Endocardial Ablation for the Treatment of Persistent Atrial Fibrillation CONVERGE Randomized Controlled Clinical Trial Results, HRS Late-Breaking Clinical Trials (2020)
- -4: Verma A, et al; Approaches to Catheter Ablation for Persistent Atrial Fibrillation N Engl J Med 2015;372:1812-22. Estimated from KM curve data available in NEJM
- *Outcome comparisons are difficult due to difference in the detailed effectiveness outcome definitions

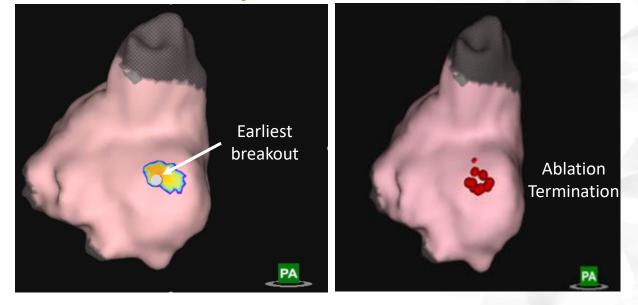
NR = Not Reported

^{2:} Mansour M, et. al; Persistent atrial fibrillation ablation with contact force sensing catheter: The prospective multicenter PRECEPT Trial, JACC: Clinical Electrophysiology (2020)

ACUTUS ACUTUS in Atrial Tachycardia "Safe, Fast and Feasible"

- Atrial tachycardias (AT) can be observed following up to 25%^[1-5] of AF ablation procedures
- Prior studies have reported average procedure times of 4-7 hours⁶ in follow-up ablation procedures to remedy these tachycardias
- In a "first use" study published in the Journal of Interventional Cardiac Electrophysiology, the Acutus SuperMap algorithm was used in 7 consecutive AT patients to successfully identify and ablate ALL areas of clinical significance⁷
- Mean procedure time was 56.4 minutes (+/- 12.1 minutes)⁷

Case Example: Procedure Time 48 minutes Post-ablation patient was non-inducible



The authors concluded that SuperMap proved "safe, fast and feasible in identifying and guiding ablation in the setting of regular atrial tachycardias following index AF Ablation⁷"

2. Gerstenfeld EP, Callans DJ, Dixit S, Russo AM, Navak H, Lin D, et al. Mechanisms of organized left atrial tachycardial socurring after pulmonary vein isolation. Circulation. 2004;110(11):1351–7. https://doi.org/10.1161/01.CIR.0000141369.

2. Generative Lin Containing and Participation of the second second

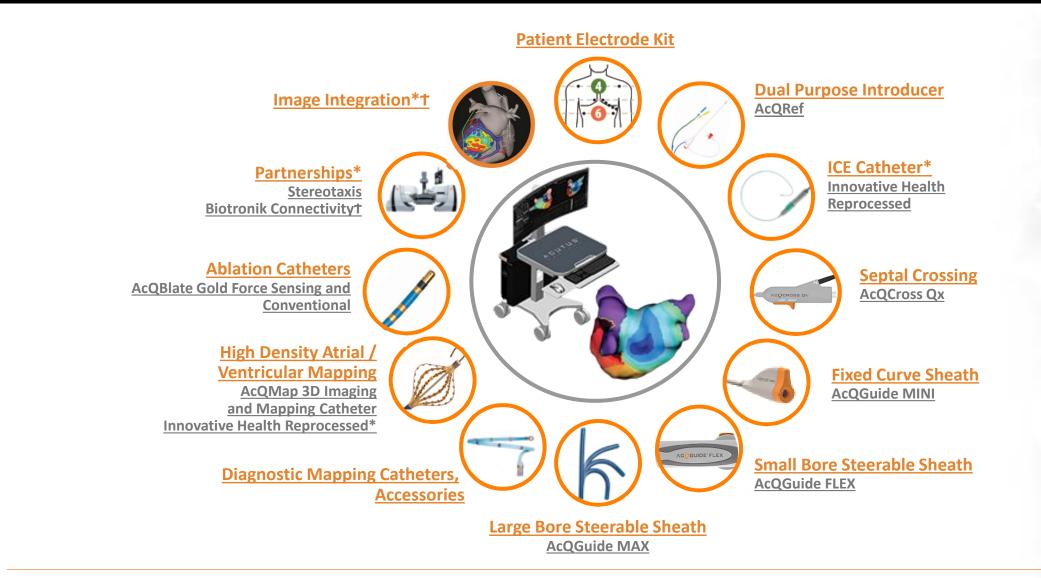
4. Chugh A, Oral H, Lemola K, Hall B, Cheung P, Good E, et al. Prevalence, mechanisms, and clinical significance of macroreentrant atrial tachycardia during and following left atrial ablation for atrial fibrillation. Heart Rhythm. 2005. https://doi.org/10.1016/j.hrthm.2005.01.02

5. Saghy L, Tutuianu C, Szilagyi J.Atrial tachycardias following atrial fibrillation Ablation. Curr Cardiol Rev. 2014;11(2):149–56. https://doi.org/10.2174/1573403X10666141013122400. 6. Jaïs P, Shah DC, Haïssaguerre M, Hocini M, Peng JT, Takahashi A, et al. Mapping and ablation of left atrial flutters. Circulation. 2000. https://doi.org/10.1161/01.CIR.101.25.2928.

7, Ramak R, Chierchia GB, Paparella G, Monaco C, Miraglia V, Cecchini F, et al. Novel noncontact charge density map in the setting of post-atrial fibrillation atrial tachycardias: first experience with the Acutus SuperMap Algorithm. JICE. 2020. https://doi.org/10.1007/s10840-

^{1.} Calkins H. The dynamic substrate for atrial fibrillation: can we identify it and is it of clinical importance? JACC: ClinElectrophysiol. 2017. https://doi.org/10.1016/j.jacep.2016.12.003.

A C U T U S Our Comprehensive Portfolio and Partnerships



* Partnerships † Development, not currently marketed

A C U T U S Comprehensive, Differentiated Therapy Portfolio

Qubic RF⁽¹⁾

AcQBlate Force-Sensing Ablation Catheter and System

First and only commercially available irrigated force-sensing catheter in the market featuring a Gold Tip Electrode



AcQBlate FORCE RF capable today -- designed for Pulsed Field Ablation compatibility (timing TBP)

Innovation Pipeline: Pulsed Field Ablation

Pulsed Field Ablation is a promising new energy modality under investigation for cardiac ablations

WHAT IS IT?

Sequence of **very short duration high voltage pulses** that selectively kill tissue by irreversible electroporation delivered catheter

ADVANTAGES

SAFETY

- Ablation is non-thermal
 - Traditional ablation relies of extreme heat (RF) or extreme cold (Cryo) to kill tissue
- Selectively destroys cardiac cells
 - No / low risk of destroying tissue outside the heart (esophagus, nerves, etc.)

SPFFD

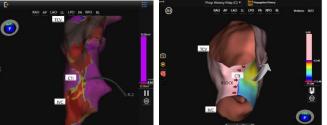
- Creates complete and durable lesions in milliseconds ٠
 - RF ablations take 5 to 30 seconds per lesion and Cryo ablations take 3 to 4 minutes

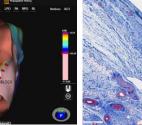
ACUTUS' PROGRAM

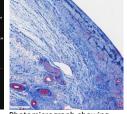
We are developing flexible energy generators and a portfolio of electroporation-capable ablation catheters

- Single generator for both RF and Pulsed Field Ablation
- Force sensing, irrigated, gold-tip ablation catheter capable of delivering both pulsed field and RF energies
- Acutus pulsed field ablation program is in early stages of development with promising pre-clinical results

ELECTROPORATION LESIONS WITH FORCE SENSING, IRRIGATED, GOLD-TIP ABLATION CATHETER (PRECLINICAL DATA, PORCINE MODEL)







Contact voltage map at index PFA procedure and non-contact activation maps created at 14-day follow-up demonstrating lesion durability in a porcine model

Photomicrograph showing selective cardiac cell ablation

A C U T U S Broad, Differentiated Left Heart Access Product Line



Patient Safety & Physician Confidence

- Spring-tensioned safety needle, reduces risk to patient
 - as well as staff
- Length-matched needle to introducer locks together
 - for control & ease of use

Enhanced Procedural Efficiency

- Reduced need for wire exchanges, facilitates repositioning
- For use mechanically or with RF energy

Addresses Multiple Significant High Growth Markets

- All left-sided EP ablations
- Structural heart procedures including LAA and Mitral Repair



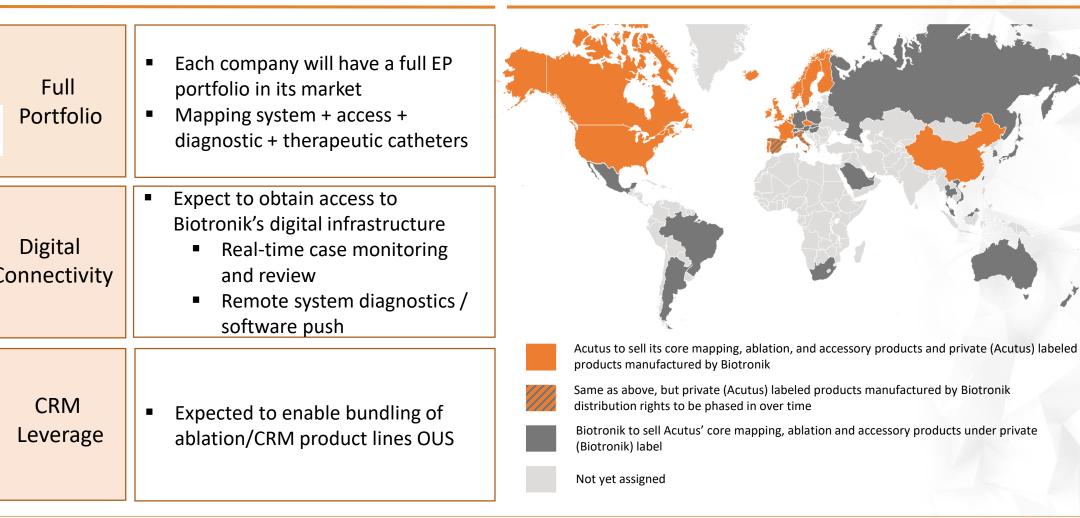




A C U T U S Acutus / Biotronik International Alliance for EP

Strategic Highlights

Global Reach in Developed Markets



A C U T U S Stereotaxis[®] Robot Integration and Partnership

Acutus' guided ablation therapy platform fully integrated with the Stereotaxis EP robot

- Synchronized anatomy rotation between robotics and imaging system
- Allows precise targeting of pulmonary vein and non-pulmonary vein triggers





A C U T U S Innovative Health[®] Partnership

Have a favorite? Go ahead and use it!

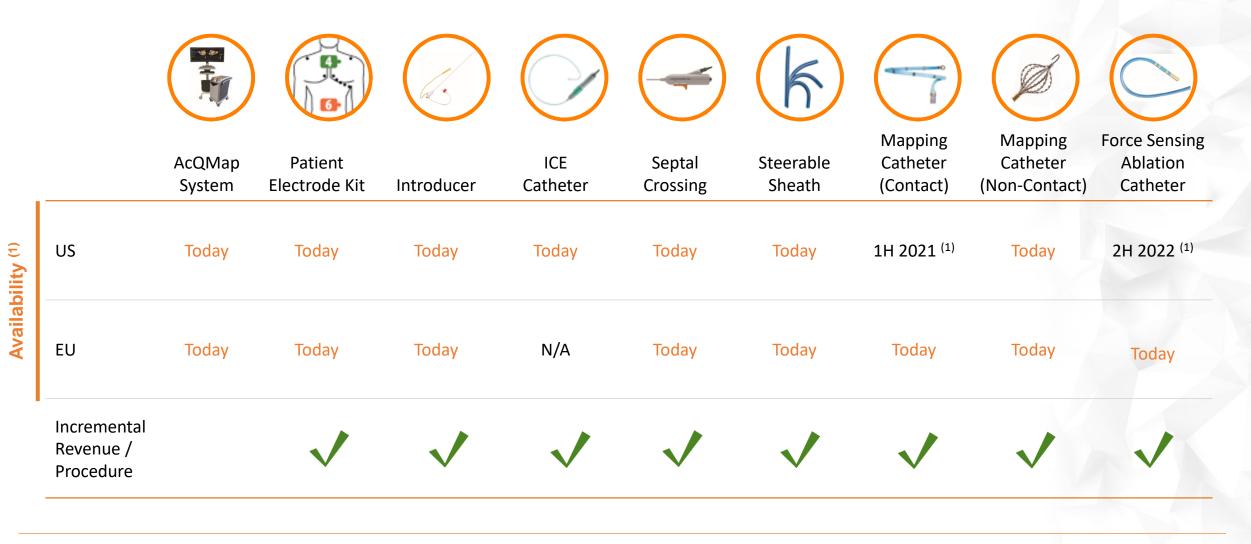
Acutus has partnered with Innovative Health to bring 28+ reprocessed catheters to our open platform

- More clearances for EP devices than any other reprocessing company
 - The more devices are cleared, the higher the hospital savings
- Constant flow of new clearances ensures constant growth in reprocessing savings



∧ C L T L S Pure Play, Stand-Alone EP Company

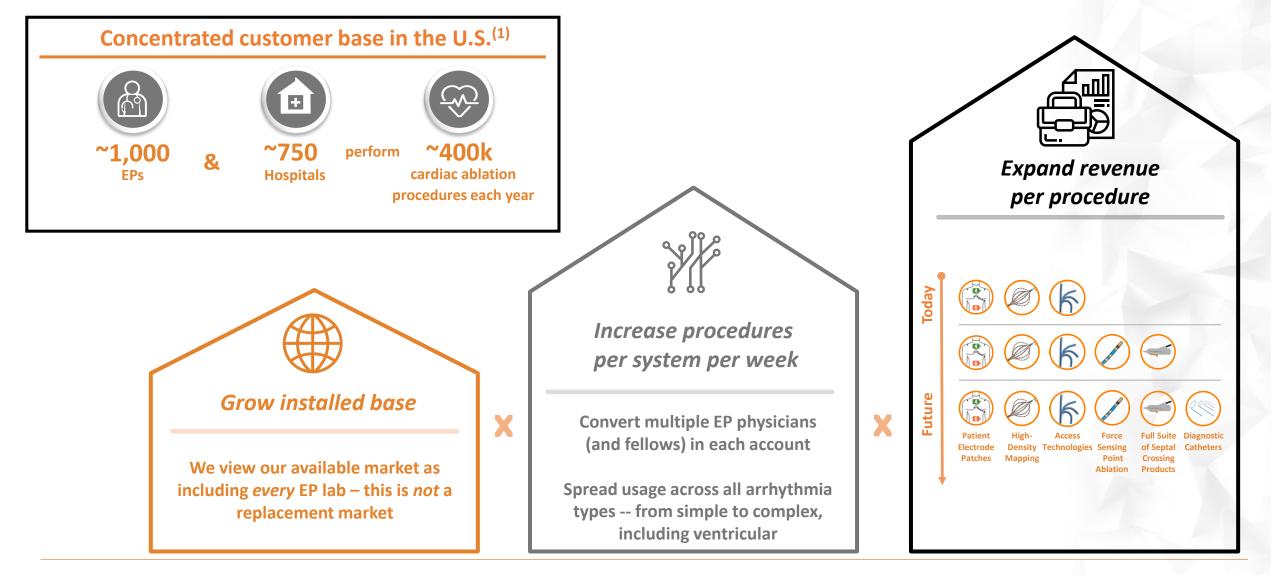
C ∧ L Approved, highly differentiated products in many categories



(1) Anticipated timing (Future availability timelines are estimates subject to risks and uncertainties. See "Risk Factors" in the public filings.)

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M CUTUS M CUTUS Up to \$10K⁽¹⁾ revenue potential for disposables / procedure



$A \underset{M}{\square} \underset{E}{\square} \underset{D}{\square} \underset{A}{\square} \underset{A}{\square}$ Top Priorities for 2021

- Continue installed base build
- Drive adoption and incremental revenue per case via:
 - Successful product launches of additional/improved accessory products. Launches planned for first half of 2021 include:
 - Force Sensing Ablation system (CE markets only)
 - Improved patch kits
 - Expanded left heart access line (septal crossing line expansion and new sheaths)
 - Gen 2 basket mapping catheter
 - Expanded capabilities and integration with Stereotaxis robot
 - Conventional diagnostic catheters
 - Continue to hire and intensively train the best therapy specialists and reps in the EP industry
 - Key papers accepted and published in persistent AF, redo AF, atrial tachycardia
- Continued commercial momentum with Biotronik global marketing alliance, Stereotaxis partnership and build momentum with Innovative Health Partnership in reprocessing
- Commence US IDE trials for ablation system in Atrial Flutter and Paroxysmal and Persistent Atrial Fibrillation
- Complete First in Man and commence Pilot Trial for Pulsed Field Ablation and specialized VT mapping catheter

Thank you for your time!

A C U T U S M E D I C A L

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